



PAYMENT INTEGRITY COMPLIANCE Diagnosis of Idiopathic Environmental Intolerance

POLICY INFORMATION

Policy Number:	POL-PP-271 AHS – G2056 – Diagnosis of Idiopathic Environmental Intolerance	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED

<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER
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LINES OF BUSINESS IMPACTED

<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP ¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA ²	<input checked="" type="checkbox"/> FEP ³	<input type="checkbox"/> DENTAL
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¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



PAYMENT INTEGRITY COMPLIANCE ***Diagnosis of Idiopathic Environmental Intolerance***

Description/Application

Idiopathic environmental intolerance (IEI), formerly called multiple chemical sensitivity (MCS), is a subjective condition characterized by recurrent, nonspecific symptoms attributed to low levels of chemical, biologic, or physical agents in the absence of consistent objective diagnostic physical findings or laboratory tests that define an illness (AAAAI, 1999; ACOEM, 1999; Black & Temple, 2023).

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

In all circumstances, laboratory tests designed to confirm the diagnosis of idiopathic environmental illness **may not be reimbursable**.

In all circumstances, the screening of blood, saliva, serum, plasma, urine, and/or stool samples for volatile solvents, organic acids, and organophosphates **may not be reimbursable**.

In all circumstances, profiling of phthalates and parabens using blood, serum, plasma, saliva, urine, and/or stool sample **may not be reimbursable**.

For asymptomatic individuals, profiling of chlorinated pesticides, including DDE and DDT, using blood, serum, plasma, saliva, urine, and/or stool sample **may not be reimbursable**.

In asymptomatic individuals and/or during general encounters without abnormal findings, testing of blood, serum, plasma, saliva, urine, and/or stool samples for carnitine sufficiency, oxidative stress and antioxidant sufficiency, detoxification adequacy, methylation sufficiency status, lipoic acid and CoQ10 sufficiency, and/or intestinal hyperpermeability **may not be reimbursable**

In asymptomatic individuals and/or during general encounters without abnormal findings, testing of blood, serum, plasma, saliva, urine, and/or stool samples for vitamin sufficiency, mineral sufficiency, and/or nutritional analysis **may not be reimbursable**

The use of a breath hydrogen and/or breath methane test **may not be reimbursable** to assess or diagnose the following conditions:

- Idiopathic environmental intolerance
- Food allergies and sensitivities
- Carbohydrate sensitivity or intolerance
- Bacterial overgrowth, including but not limited to, small intestinal bacterial overgrowth
- Digestive disorders
- Constipation, diarrhea, or flatulence
- Neurological/neuromuscular disorders



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- Rosacea
- Obesity
- As part of a wellness visit and/or general encounter without abnormal findings.

In asymptomatic individuals and/or during general encounters without abnormal findings, testing blood, serum, urine, cerebrospinal fluid, fingernails, hair, and/or stool sample for metals, are not reimbursable.

Coding

For 83918 (Organic acids; total, quantitative, each specimen), a maximum of 2 units per date of service is **ALLOWED**.

For 83919 (Organic acids; qualitative, each specimen), a maximum of 1 unit per date of service is **ALLOWED**.

For 83921 (Organic acid, single, quantitative), a maximum of 2 units per date of service is **ALLOWED**.

For 82127 (Amino acids; single, qualitative, each specimen), a maximum of 1 unit per date of service is **ALLOWED**.

For 82136 (Amino acids, 2 to 5 amino acids, quantitative, each specimen), a maximum of 2 units per date of service is **ALLOWED**.

For 82139 (Amino acids, 6 or more amino acids, quantitative, each specimen), a maximum of 2 units per date of service is **ALLOWED**.

For 84585 (Vanillylmandelic acid (VMA), urine), a maximum of 1 unit per date of service is **ALLOWED**.

For 83150 (Homovanillic acid (HVA)), a maximum of 1 unit per date of service is **ALLOWED**.

For 83497 (Hydroxyindolacetic acid, 5-(HIAA)), a maximum of 1 unit per date of service is **ALLOWED**.

For 82656 (Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative), a maximum of 1 unit per date of service is **ALLOWED**.

Code	Description
82108	Aluminum
82127	Amino acids; single, qualitative, each specimen
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen
82139	Amino acids, 6 or more amino acids, quantitative, each specimen
82300	Cadmium
82379	Carnitine (total and free), quantitative, each specimen
82380	Carotene
82441	Chlorinated hydrocarbons, screen
82495	Chromium
82507	Citrate
82525	Copper



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82542	Column chromatography, includes mass spectrometry, if performed (e.g., HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen
82653	Elastase, pancreatic (EL-1), fecal; quantitative
82656	Elastase, pancreatic (EL-1), fecal; qualitative or semi-quantitative
82705	Fat or lipids, feces; qualitative
82710	Fat or lipids, feces; quantitative
82715	Fat differential, feces, quantitative
82726	Very long chain fatty acids
82978	Glutathione
83015	Heavy metal (e.g., arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes
83018	Heavy metal (e.g., arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified
83150	Homovanillic acid (HVA)
83497	Hydroxyindolacetic acid, 5-(HIAA)
83655	Lead
83735	Magnesium
83785	Manganese
83885	Nickel
83918	Organic acids; total, quantitative, each specimen
83921	Organic acid, single, quantitative
84134	Prealbumin
84255	Selenium
84446	Tocopherol alpha (Vitamin E)
84585	Vanillylmandelic acid (VMA), urine
84590	Vitamin A
84600	Volatiles (e.g., acetic anhydride, diethylether)
84630	Zinc
86001	Allergen specific IgG quantitative or semiquantitative, each allergen
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis
89125	Fat stain, feces, urine, or respiratory secretions
91065	Breath hydrogen or methane test (e.g., for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
S3708	Gastrointestinal fat absorption study

References and Resources

Avalon Medical Policy AHS – G2056 – Diagnosis of Idiopathic Environmental Intolerance



***PAYMENT INTEGRITY COMPLIANCE
Diagnosis of Idiopathic Environmental
Intolerance***

Related Documents

Policy Number	Policy Title
AHS-G2031	Allergen Testing
AHS-G2099	Intracellular Micronutrient Analysis

Revision History

Version	Date	Summary of Revisions
001	06/01/2025	Initial version